

POSITION	INITIALS	ID NO.	DATE
	(CH)		11-23-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M/M	572	01-16-02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interfered  
 — (Through numeral)... Canceled A .....Appealed  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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